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## \*BIBDATASHEET\*

CONFIRMATION NO. 1567

Bib Data Sheet

SERIAL NUMBER 10/698,714	FILING DATE 10/31/2003  RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. WMUS-6045
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/31/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature _____		Initials _____			

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## TITLE

Laparoscopic spray device and method of use

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